

Foster Family Home - Corrective Action Report

Provider ID: 1-589822

Home Name: Rosemary Cayabyab, CNA

Review ID: 1-589822-5

94-1178 Hoomakoa Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 2/12/2019

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 2/12/19. Corrective Action Report issued during home visit with all items due to CTA by 3/12/19.

6.(d)(1) - see applicable sections of the review

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

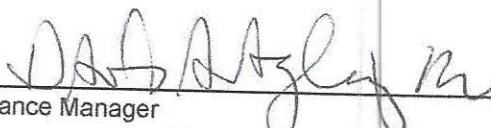
8.(a)(1)(2) - Second year APS/CAN and fingerprints not done until 1/10/18 for CG #5. Expired on 6/7/17.

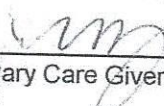
Foster Family Home Client Rights [11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9) - No approved door locks on client's and bathroom doors.


Compliance Manager


Primary Care Giver

2/12/19
Date

2/12/19
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Rosemary Cayabyab
CCFFH Address: 94 - 1178 HODMAKOA ST. WAIKANA, HI. 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.0(1)(2)	I showed CTA a current APS/CAN and Fingerprint green light paper in my CTA ground the day of my recertification.	2/12/19	I have placed the expiration dates for APS/CAN and Fingerprint for all CG's, and HHM's on my desk calendar. I will look at it every month.
53. (b)(9)	I have installed approved door locks on my bath-room and clients doors	2/13/19	I will make sure any new room is my current home or any new house have approved door locks on all rooms.

Primary Caregiver's Signature: _____

Print Name: Rosemary Cayabyab

Date of Signature: 2/13/19